



# Hepatitis B, perinatal

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

By: ☐ Lab ☐ Clinical

☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Unk

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (diagnosis date if asymptomatic) ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**

☐ ☐ ☐ ☐ Discrete onset of symptoms

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_\_

☐ ☐ ☐ ☐ Pale stool, dark urine (jaundice)

Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Vomiting

### Hospitalization

**Y N DK NA**

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Vaccinations

**Y N DK NA**

☐ ☐ ☐ ☐ Received HBIG

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Timing of HBIG: ☐ Unknown

☐ 0-12 hrs after birth ☐ 13-24 hrs after birth

☐ 1-7 days after birth ☐ >7 days after birth

**Y N DK NA**

☐ ☐ ☐ ☐ Received hepatitis B containing vaccine

Number of doses: \_\_\_\_\_

Dose 1 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 3 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 4 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 5 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 6 Type: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Laboratory

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

**P N I O NT**

☐ ☐ ☐ ☐ ☐ HBsAg Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Recommend testing 3-6 months following completion of vaccine series)

**INFECTION TIMELINE**

Enter jaundice onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

**Exposure period**

birth

**Contagious period**

birth

lifelong

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations/Dates: \_\_\_\_\_
- ☐ ☐ ☐ ☐ **Born inside US**
- ☐ ☐ ☐ ☐ Birth mother born outside of US  
Country: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Birth mother race or ethnicity known  
Race of mother:  
☐ Amer Ind / Alaska Native ☐ Asian  
☐ Black ☐ Native Hawaiian or Pacific Islander  
☐ White ☐ Unknown  
☐ Other: \_\_\_\_\_
- Ethnicity of mother:  
☐ Hispanic  
☐ Non-hispanic  
☐ Other/unknown
- ☐ ☐ ☐ ☐ **Birth mother confirmed HBsAg positive prior to or at time of delivery**
- ☐ ☐ ☐ ☐ **Birth mother confirmed HBsAg positive after delivery**

**Where did exposure probably occur?**

- ☐ U.S. but not WA (State: \_\_\_\_\_)
- ☐ In WA (County: \_\_\_\_\_)
- ☐ Not in U.S. (Country/Region: \_\_\_\_\_)
- ☐ Unknown

**Exposure details:** \_\_\_\_\_

- ☐ **No risk factors or exposures could be identified**
- ☐ **Patient could not be interviewed**

**PUBLIC HEALTH ISSUES****PUBLIC HEALTH ACTIONS****NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_